

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/518248</u>	
--------------------------	--	------------------------------------	--

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	1	12/16/04	\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

	7 TOTAL AMOUNT OF REFUND
	\$ 100

10 REASON:	8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment	<input type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>0</td><td>6</td><td>--</td><td>1</td><td>4</td><td>4</td><td>0</td></tr> </table>	0	6	--	1	4	4	0
0	6	--	1	4	4	0		

11 REFUND REQUESTED BY:
TYPED/PRINTED NAME: <u>A Johnson</u>
SIGNATURE: <u><i>A Johnson</i></u>
OFFICE: <u>DO-ED</u>
TITLE: <u>Paralegal</u>
PHONE: <u>308-9140</u>

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: